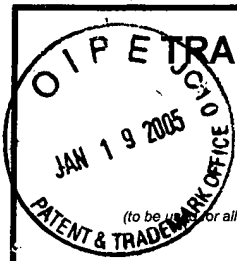

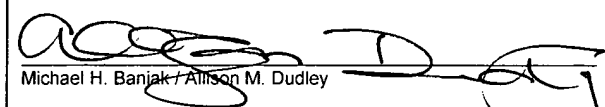


| | | |
|--|----------------------|-------------------|
|  | Attorney Docket No. | 2100/23 |
| | Application Number | 09/993,359 |
| | Filing Date | November 19, 2001 |
| | First Named Inventor | SLOMIANY et al |
| | Group Art Unit | 3714 |
| | Examiner | Corbett B. Coburn |

| ENCLOSURES (check all that apply) | | |
|---|--|--|
| <input type="checkbox"/> Amendment / Response to Restriction/Election Req. <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Extension of Time Request (duplic) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> Request of Refund | <input checked="" type="checkbox"/> Notice of Appeal (+dupl.) (PTO/SB/31) <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Post Card Receipt <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div> <input checked="" type="checkbox"/> Check No. 8256 in the amount of \$500.00 for Notice of Appeal </div> <div> <input checked="" type="checkbox"/> Check No. 8257 in the amount of \$450.00 for 2 month extension </div> <div> <input type="checkbox"/> </div> |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed. | | |

CALCULATION OF FEE

| | | | | Small Entity | | Large Entity | |
|---|------------------------|---------------------------------|---------------|-----------------|-----------|-----------------|-----------|
| | Claims After Amendment | Highest No. Previously Paid For | Present Extra | Rate | Add'l Fee | Rate | Add'l Fee |
| Total | Minus | | 0 | x \$9= | 0 | x \$18= | |
| Indep. | Minus | | 0 | x \$42= | 0 | x \$84= | |
| First Presentation of Multiple Dep. Claim | | | | +\$140= | — | +\$280= | |
| | | | | total add'l fee | \$ 0 | total add'l fee | \$ 0 |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|--|-------|------------------------|
| Firm or Individual name | Michael H. Baniak, Reg. No. 30,608 Attorney for Applicant(s) Allison M. Dudley, Reg. No. 50,545 Attorney for Applicant(s) BANIAK PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606 | | |
| Signature |  | Date: | January 19, 2005 |
| CERTIFICATE OF EXPRESS MAILING | | | |
| I hereby certify that this is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, under Express Label No. EV498080298US, on: | | | January 19, 2005 |
| Signature |  Michael H. Baniak / Allison M. Dudley | | Date: January 19, 2005 |